## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

FILING DATE

| <u> </u>                |  | (FOR U   | SE WITH FO                                       | ORM I      | PTO-875)            |                |        |
|-------------------------|--|--|--|------------|---------------------|----------------|--------|
| <u> </u>                |  |  |  |            |                     |                | CLAIMS |
| <u> </u>                | <del> </del> _                                   | FILED  | AFTER<br>1st AMENDMENT                           |            | AFTER 2nd AMENDMENT |                |        |
|                         | IND.   | DEP.   | IND. (   | DEP.       | IND.                | DEP.           | İ      |
| 1                       |  | <u> </u>   |  |            |                     | •              | i      |
| 2                       |  | 1  | <b> </b>   |            |                     |                | 1      |
| 3                       |  | <u>├</u> -                                       | <del>  -</del>                                   |            |                     |                | ]      |
| 5                       |  | <del>                                     </del> |  |            |                     |                | ļ      |
| 6                       | <u> </u>   |  | <del></del>                                      |            | <del> </del> -      |                |        |
| 7                       | <u> </u>   | ·  |  |            | <del> </del>        |                |        |
| 8                       |  | , ,  |  |            | <del></del> -       |                |        |
| 9                       |  | 1  |  |            |                     |                |        |
| 10                      | <u> </u>   | 1  |  |            |                     |                |        |
| 11                      |  | 1  |  |            |                     |                |        |
| 12                      |  | <del>                                     </del> |  |            |                     |                |        |
| 13                      |  | 1-   |  |            |                     |                |        |
| 15                      | 1  | 1  |  |            |                     |                |        |
| 16                      | <del>- '</del>                                   | 1  |  |            | <del> </del>        | ļ              |        |
| 17                      |  | 1  | <del>  -  -</del>                                |            | <del> </del>        |                |        |
| 18                      |  | <u> </u>   | <del>                                     </del> |            | <del> </del>        | <del></del>    |        |
| 19                      |  |  |  |            | † <del></del> -     | <del> </del>   |        |
| 20                      |  | 1  |  |            |                     |                |        |
| 21                      | ļ  | <u> </u>   |  |            |                     |                |        |
| 22                      |  | ļ  |  |            |                     |                |        |
| 23                      |  |  |  |            | <u> </u>            |                |        |
| 25                      |  | <del> </del>                                     |  |            |                     |                |        |
| 26                      | <del>                                     </del> | <del> </del>                                     |  |            | ├                   |                |        |
| 27                      |  |  | <del>                                     </del> |            | <del></del>         |                | }      |
| 28                      |  |  |  |            |                     |                |        |
| 29                      |  |  |  |            |                     |                |        |
| 30                      |  |  |  |            |                     |                |        |
| 31                      |  |  |  |            |                     |                |        |
| 32                      |  |  |  |            |                     |                | ì      |
| 33                      |  | ļ  |  |            |                     |                |        |
| 34                      |  | ļ  |  |            | <u>  ·     </u>     |                |        |
| 35<br>36                |  |  |  |            |                     |                | i      |
| 37                      | ļ  |  | <del></del>                                      |            |                     |                | [      |
| 38                      |  |  | <del></del>                                      |            | ├                   |                |        |
| 39                      |  | <del> </del>                                     |  |            |                     |                |        |
| 40                      |  |  |  |            |                     |                | }      |
| 41                      |  |  |  |            |                     |                | }      |
| 42                      |  |  |  |            |                     |                | }      |
| 43.                     |  |  |  |            |                     |                | Ì      |
| 44                      |  |  |  |            |                     |                | Ì      |
| 45                      |  | <u> </u>   |  |            |                     |                | ļ      |
| 46                      |  |  |  |            | <u> </u>            |                |        |
| 48                      | <del> </del>                                     |  |  |            |                     |                |        |
| 49                      |  |  |  |            |                     |                | .      |
| 50                      | <br>   |  |  |            | <del>  </del>       |                | }      |
| TOTAL<br>IND.           |  | 1  |  |            |                     | <del>-</del> - | }      |
| TOTAL                   |  | -  | <b>_</b>   | 1          | ـــــا              | <u>.</u> 1     |        |
| DEP.<br>TOTAL<br>CLAIMS |  | 27523  | Lea Al   | del factor |                     |                | ļ      |
| CLAIMS                  | L  | ANTADIAN.  | 1993   | N.         |                     | <b>均积</b> 结    | l      |

|                 |  | _        |   | *           |          |
|-----------------|--|----------|---|-------------|----------|
| <u> </u>        | IND. DEP.  | IND.     | DEP.  | IND.        | DEP.     |
| 51              |  |          |   | 1           |          |
| 52              |  |          |   | <b> </b>    |          |
| 53              |  |          |   |             |          |
| 54              |  |          |   |             | T        |
| 55              |  |          |   |             | <b> </b> |
| 56              |  |          |   |             | i —      |
| 57              |  |          |   |             |          |
| 58              | <b></b>  |          |   |             | 1.0      |
| 59_             |  |          |   |             |          |
| 60              |  |          |   |             |          |
| 61              |  |          |   |             |          |
| 62              |  |          |   |             |          |
| 63              |  |          |   | L           |          |
| 64              |  |          |   |             |          |
| 65              |  |          |   |             |          |
| 66              |  |          |   |             |          |
| 67              |  |          |   |             |          |
| 68              |  |          |   |             |          |
| 69              |  |          |   |             |          |
| 70              |  |          |   |             |          |
| 71              | <u> </u>   |          |   |             |          |
| 72              |  |          |   |             |          |
| 73              | <del>                                     </del> | ļ        |   |             |          |
| 74              |  |          |   |             | i        |
| 75              |  |          |   |             |          |
| 76              |  |          |   |             |          |
| 77              |  |          |   |             |          |
| 78              |  |          |   |             |          |
| 79              |  |          |   |             |          |
| 80              |  |          |   |             |          |
| 81              |  |          |   |             |          |
| 82              |  |          |   |             |          |
| 83              |  |          |   |             |          |
| 84              |  |          |   |             |          |
| 85              |  |          |   |             |          |
| 86              |  |          |   |             |          |
| 87              |  |          |   |             |          |
| 88              |  |          |   |             |          |
| 89              |  |          |   |             |          |
| 90              |  | 1        |   |             |          |
| 91              |  | 1        |   |             |          |
| 92              |  | T        |   |             |          |
| 93              |  | 1        |   |             |          |
| 94              |  | 1        |   |             |          |
| 95              |  | 1        |   |             |          |
| 96              |  | 1        |   |             |          |
| 97              |  | T        |   |             |          |
| 98              | -  |          |   |             |          |
| 99              |  |          |   |             |          |
| 100             |  | T        |   | <del></del> |          |
| TOTAL<br>IND.   | 1  |          |   |             |          |
| TOTAL<br>DEP.   |  |          | _t  |             | _t       |
| TOTAL           | I AVALUATE A                                     | <u>.</u> | 72-47-12-22-22-22-22-22-22-22-22-22-22-22-22- |             |          |
| TOTAL<br>CLAIMS | STATES:  | <u> </u> | S VAN   |             | STATE OF |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campball National Stage Processing (703) 305-3631

U.S.DEPARTMENT OF COMMERCE Patent and Trademark Office

FORM PTO-1350 (REV. 3-78)